MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET  SERIAL NO. 10/552429  FILING DATE														
				ATION I FORM		10/05,3739 APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 - AMENDMENT				AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	]		IND.	DEP.	IND.	DEP.	IND.	DEP.
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DID. TOTAL		<b>,*</b>		<b>*</b>		▼		IND.		₩ [	4	# [		+
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TOTAL CLAIMS			26	100				TOTAL CLAIMS			160			
PTO - 1360 (	(REV. 11/04)		_				•			S. DEPARTS				